

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ksgf-am/fm		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2330 W. Grand		Amount 1320.00	
City Springfield State MO Zip Code 65802		Transaction ID: EFE886B9045C04365940	
Purpose of Expenditure S2MO00353 Ad		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JAMES MATTHES TALENT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92943.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
Full Name (Last, First, Middle, Initial) of Payee Eu Services		Date M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address P.O. Box 75241		Amount 2765.20	
City Baltimore State MD Zip Code 21275-5241		Transaction ID: E814AFCD42F24964A7D	
Purpose of Expenditure H2IL20042 Postage		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. John Shimkus		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2765.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
(a) SUBTOTAL of Itemized Independent Expenditures		4085.20	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9	